



This Issue of the Journal of Urban Health

This issue offers, in addition to the usual original articles, a special theme section on harm reduction to deal with substance abuse, a concept well established in much of the Western world but conspicuous by its relative absence in the United States. The several papers featured in the special section were first presented at an international symposium on drug policy, held at the New York Academy of Medicine on March 22, 1995, and sponsored jointly by Montefiore Medical Center, Beth Israel Medical Center, Albert Einstein College of Medicine, and the Academy. The Academy has shown a long-standing commitment to innovative work in addiction treatment and drug policy, marked in particular by the contributions of Dr. Lawrence Kolb, who served on the Committee of Public Health and the Academy's 1933 panel on drug addiction. In keeping with this history, the day-long event, "Harm Reduction Drug Policies and Practices: International Developments and Domestic Initiatives," was one of the first forums in the United States for discussing harm-reduction strategies. This symposium attracted over 250 medical and public health practitioners and featured four international experts, physicians directly engaged in harm-reduction practices and policy making, as well as American researchers, public health experts, and activists involved in similar, albeit far more restricted, efforts in the United States.

Preceding the special section, but directly related to the theme of harm reduction, is an original contribution by Dr. Robert Newman. Newman, who has long been involved in the care of drug addicts and began New York City's methadone program, points out the inconsistency in our policy towards methadone as compared to other mood-altering medications. Readers may not agree with the views expressed by Newman or in the symposium,

but we should consider those views carefully and with minds open to the contradictions in our current policies. The true spirit of scientific endeavor requires that evidence be considered on its merits, and that changes in policies should be made if the evidence suggests such a need.

Drucker and Hantman introduce the special section with an overview of the symposium and an outline of the various papers presented and themes developed thereat. The reports include descriptions of reasonably successful harm-reduction programs in Australia and Europe, as well as the resistance to such efforts, particularly those involving needle exchange, in the United States. These papers are all thoughtful, provocative, and will raise many questions and doubts among our readers. I personally do not agree with the conclusion expressed by Hantman, who, in the final paper of the special section, seems to suggest that research into the drug-control aspects of needle exchange should not be pursued rigorously. Research in areas such as AIDS prevention and drug addiction is extremely difficult and is subject, when poorly done, to a variety of misinterpretations, but that is the fate of many public health measures in this complicated society. To espouse anything other than a rigorous scientific approach, however difficult though such studies may be, strikes me as undercutting the basic premise of physicians in public health, and in the whole process of trying to define public policy through research. Read these articles, question them, but be open to the approach they take, which is so different from the current US abstinence approach.

In the original articles section the first offering, by Schor, discusses socioeconomic and emotional factors that affect children's health and well-being, and ends by pointing out some successful programs that have overcome such adverse factors. This paper emphasizes, again, the fact that medicine is a social as well as a physical science, and that while we do very well, especially in the developed world, in providing high-quality care for the physical disorders, we have yet to address successfully the psychosocial and economic aspects of health.

The paper by Abrams and Bateman addresses another controversial policy issue. That is, whether there should be mandatory reporting of the HIV status of newborns to their mothers. The report of the Harlem Hospital Counseling Program emphasizes again that, when well done, the optimal time for dealing with maternal identification is before the birth of the baby, especially now that AZT, given before birth, reduces the risk of HIV transmission to the baby. The issue is clearly whether we have the will and the resources to mount effective prepartum counseling programs for women at risk for HIV. Once the baby is born, it is too late, except, of course, for prophylaxis to prevent *pneumocystis carinii* pneumonia, but the debate will continue as to whether the benefit to the infant of mandatory reporting, even after birth, is substantial enough to overcome the potential adverse effects to the mother of reporting her status by proxy.

As if this issue did not contain enough controversial articles, the one by Garfield and his associates, on the impact of economic sanctions, especially in relation to Cuba, will raise the hackles of many readers. But, as the authors point out, child-health advocates really do need to have better prospective studies to determine whether sanctions change dictatorial and oppressive regimes more than they impact adversely on children's health.

The two articles by Fang and associates detail with considerable sophistication and rigor the increased risk of mortality and poor health status among people of lower socioeconomic status who live in New York City. Such factors are related to the deficient medical care that prevails among these residents. Compared to the other articles in this issue, these are relatively uncontroversial, but they raise the important question of how we are to best overcome these extraordinary differentials in the health status of the poor and minorities compared to the rest of Americans. Given the current political climate and the potential reduction of health care, these epidemiologic studies are equally controversial in their implications.

The paper by Finkle, on adolescent pregnancy with a historical perspective, illustrates another complex and perplexing socioeco-

conomic health problem in the contemporary United States. It is incumbent on the advocates of abstinence to prove that it is effective. In European countries, although sexual activity begins roughly at the same age and occurs with roughly the same frequency as in the United States, the rate of teen pregnancy is notably lower. It is clear that the availability and use of contraceptives is the difference. The question of prevention of teen pregnancy is very similar to the question of prevention of substance abuse: in neither case does abstinence seem to be a feasible strategy for the vast majority of youth. So much the pity. We all wish abstinence would work. But a harm-reduction approach to avoid the most detrimental effect—premature pregnancy—would seem to be the best policy for the majority.

We end this volume with a personal perspective in the changes in medical practice, by a distinguished internist in New York City, Dr. Flynn; a historical review of the New York Eye and Ear Infirmary; our usual health data watch, from New York City on the increasing proportion of AIDS cases attributable to injecting drug use; and a book review on home care.

THE EDITOR